



3763
81844.0032

MAY 09 2006 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of
SHOGO MIKI, et al.

Serial No: 10/520,236
Filed: January 4, 2005
For: SUCTION CATHETER

Art Unit: 3763
Examiner: Loan H. Thank

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
May 5, 2006

Date of Deposit
Rebecca Maiden

Name
Rebecca Maiden 05/05/06
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status has been claimed. See 37 CFR § 1.27.
 A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	16	-20	20	**	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	.1	-3	3	***	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50- SHEETS
						TOTAL \$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
 A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Dariush G. Adli

DARIUSH G. ADLI
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Date: May 5, 2006

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Appl. No. 10/520,236
Amdt. Dated May 5, 2006
Reply to Office Action of February 10, 2006

Attorney Docket No. 81844.0032
Customer No.: 26021



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Shogo Miki
Serial No: 10/520,236
Confirmation No.: 5109
Filed: January 4, 2005
For: SUCTION CATHETER

Art Unit: 3763
Examiner: Loan H. Thanh

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May 5, 2006

Date of Deposit

Rebecca Maiden

Name

 05/05/06

Signature

Date

RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 10, 2006, please amend the above-referenced application as follows:

Amendments to the claims are reflected in the Listing of Claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.